

## CHAPTER INFORMATION

[Chapter Contact] \_\_\_\_\_

[Chapter Name] \_\_\_\_\_

American Red Cross

[Street Address] \_\_\_\_\_

[City, State, ZIP Code] \_\_\_\_\_

E-mail Address \_\_\_\_\_

Fax Number \_\_\_\_\_

**Send this completed form to the address on the left or the e-mail address or fax number below.**

## LEADER INFORMATION

Leader Name \_\_\_\_\_

Leader Address \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Leader Phone Number \_\_\_\_\_

Leader ID No. or Signature \_\_\_\_\_

Leader Unit of Affiliation  
(If different from Chapter Information) \_\_\_\_\_

Check here if new address or phone number for leader.

## AUTHORIZED PROVIDER INFORMATION

Authorized Provider Name \_\_\_\_\_

Authorized Provider ID No. \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

Street Address \_\_\_\_\_

Facility Phone \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

## ACTIVITY/COURSE INFORMATION

Provide the information requested below for each activity presented or course taught. By submitting this form the leader acknowledges that the activities or courses were presented or taught according to American Red Cross standards.

Place a check under the presentation or course name.

Use one row per presentation or course.

Guard Start (HSAQU101)	Longfellow's WHALE Tales (HSAQU102)	Water Safety Today (HSAQU104)	General Water Safety (HSAQU105)	Home Pool Safety (HSAQU106)	Parent Orientation to Swim Lessons (HSAQU107)	Sun Safety (HSAQU108)	Rip Current Safety (HSAQU109)	Number Enrolled	Start Date	Completion Date	Name of Co-Leader	LMS Schedule Instance Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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**For Red Cross Use Only**

Red Cross Branch \_\_\_\_\_

Chapter \_\_\_\_\_

Date Rcv'd \_\_\_\_\_

Date Recorded \_\_\_\_\_

Person Entering/Recording Data \_\_\_\_\_